STD, 262	(REV. 10	EXPENSE CLAIM	See Instructions and *Privacy Statement On Reverse Side								Page1or1Pages						
CLAIMAN'						SSAN OR EMPLOYEE NI IMBER					Governor's Office						
Kathy Gaither POSITION Undersecretary RESIDENCE ADDRESS 1121 L Street #600				CB/ID NUMBI	ER	Office of the Secretary of Educat HEADQUARTERS ADDRESS					IGOVE	SITIOI S C	INDEX NUMBER				
											on		131				
													TELEPHONE NUMBER 916-322-9204				
				ATE ZIP CODE			1121 L Street #600					STATE	ZIP CODE				
ory Socramento			ca	95814		Sacramento					ca		95814				
Sacramento 1) MONTH/YEAR (3) June		(4)	(5)	MEALS	Juaciai	(6)	(7)	TRA	ANSPORTA	TION		(8)	(9)				
			(4)	107	I III	Ī .		(A)	(B)	(C)	(D)						
2). DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN- TALS	COST OF TRANS.	TYPE	CARFARE, TOLLS,	MILES	TE CAR USE	EXPENSE	EXPENSES FOR DAY			
	05;30-	Sacto/Burbank/Sacto		6.00				283.20		115.0	20.4	11.26		415.46			
	1500	Sacio/Burbarik/Sacio		0.00				200.20		110.0	20,4	11,20		7.0			
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10)		TOTALS		6.00		*****		283.20	10101010	115.00	20.48	11.26		415.46			
co		CODE (ACCTA: USE ONLY)										<u> </u>					
	CLAIM TOTAL											\$ 415.46					
11) PURPOSE OF TRIP, REMARKS AND DETAILS (Atlach receipts/vouchers when required) 6/8/09 Governor's Event, Calabalsas High School, Digital Textbooks											(12) NORMAL WORK HOURS 8 - 5 (13) PRIVATE VEHICLE LICENSE NUMBER						
											,55						

15) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat hell used.

CLAIMANT'S SIGNA**

DATE

(16.) 5 15)

RA		EXPENSE CLAIM	See Instructions and *Privacy Statement On Reverse Side							Page 1 of 1 Pages							
	(REV. 10					SSAN OR EMPLOYEE NUMBER*					DEPARTMENT						
CLAIMANT'S NAME Kathy Gaither												Governor's Office					
POSITION				CB/ID NUMBER			Office of the Secretary of Education						131				
Undersecretary							Office of the Secretary of Education							HONE NUMBER			
RESIDENCE ADDRESS 1121 L STreet #600					1121 L Street #600						OT . T.	916-322	916-322-9204 ZIP CODE				
1121 DITY	LSIM	eet #600	STATE ZIP CODE			CITY					STATE CA	95814					
Sacra	emnto)	ca	9	5814	Sacran		· 	TRA	NSPORTA	TION		(8)	(9)			
1) MONTH/YEAR (3)		(4)	(5)	MEALS		(6)	(7) (A)	(B)	(C)	(D) .		BUSINESS	TOTAL				
June :	2009	LOCATION WHERE EXPENSES	LODGING			O.T., L/T, N/C, RELO.	INCIDEN-		TYPE	CARFARE,		E CAR USE	EXPENSE	FOR DAY			
2)	1	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	OR DINNER	TALS	COST OF TRANS.	USED	PARKING	MILES	AMOUNT					
DATE	0430 -							4 = 00			20.4	11.26		66.26			
13		Sacto/Raliegh, NC		6.00	10.00	18.00	6.00	15.00	-	·	20.4	11.20					
14	-			6.00			6.00							12.00			
14	ļ	Cary, North Carolina	-	0.00										0.00			
15	-	Cary, North Carolina		6.00					-	·	 -			6.00			
	-							15.00		36.00				303.78			
16 	1500	Raliegh, NC/Sacto	236.78	6.00	10.00	 		13.00		00.00							
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10)	<u> </u>										00.4	11.36		388.04			
٠,		BTOTALS	236.78	24.00	20.00	18.00	12.00	30.00) ::::::::	36.00	20.48	11.26		1000.0-			
, c	OLUM	N CODE (ACCTG: USE ONLY)							1000		1161111111111	111111111111111111111111111111111111111	101010101010101010				
	CL	AIM TOTAL						-					<u> </u>	388.0			
			receipts/voucher	s when require	d)							NORMAL WO	RK HOURS				
11) PURPOSE OF TRIP, REMARKS AND DETAILS (Altach receipts/vouchers when required) 6/13-16/09 Governor's Education Symposium, Cary, North Carolina										8 - 5 (13) PRIVATE VEHICLE LICENSE NUMBER							
`	<u></u>											5mjh400					
					"					<u> </u>	(14) MILEAGE RATE CLAIMED						
								.55									
	·											AGENCY ACCOUNTING OFFICE					
									PAID BY REVOLVING FUND CHECK NUMBER								
-			•								_						
15)) HEDDY	CERTIFY That the above is a true stateme	nt of the travel ex	penses incurre	ed by me in a	ccordance with	DPA rules in	the service of	the Sta	ate of equal			•				
10)	Californi	CERTIFY That the above is a true stateme a. If a privately owned vehicle was used, and ater than the rate claimed, and that I have n	l if mileage rates	exceed the mir	nmum rate, I ad by SAM S	cenny that the c ections 0750, 0	751, 0752, 0	753, and 0754	pertair	ning to	1						